

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>J.B.</i>	<i>7131500</i>	
O.I.P.E. CLASSIFIER	<i>EIN</i>		
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>C.Y.C.</i>	<i>JC 530</i>	<i>9-12-00</i>
	<i>CC</i>	<i>1114</i>	<i>12-06-01</i>
	<i>LC</i>	<i>1024</i>	<i>5-23-02</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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